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PPS Attachment J

Snow Sale Account Documents

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EXEMA	11835 W	. Olympic Blvd	• Ste 6	SOE - Los	Angeles, C.	A 90064	
Glabal Merchant Advisors		Tel: 310.220.0 www		Fax: 310.6 pay.com	SUZ.6282		
		SWD*Spa	ırkW	hiten:	ingDire	ect	
► Business Information Note Your Business Application	ess Legal Name and Tax I ver Identification Number (D Number must be en E(N) letter to avoid fee	itered ex	ractly as it app rooms withhol	ears on your In	come Tax F	Return or on
Legal Name (as it appears on your income tax return): Snow Sale, LLC		Name of Account	t (Doing	Business As)			
Legal Address: 4845 Pearl East Cîrcle, Ste. 101		Physical Street A 4845 Pearl Eas	Address st Circ	No P.O. Borle, Ste. 10) } }		
City: State: Boulder CC	Zio: 80301	City: Boulder			Stat	e: CO	Zip: 80301
Phone #: Contact: (303) 544-2182 Brian Lint		DBA Phone #: (888) 547-1	781		ax #: 303) 530	0-0771	
	s: kwhiteningdirect.c			ngdirect.com			
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Name: 1. Brian Lint	Title: Manager	Date of Birth; 71		Applic	ent's SS#:	% Equit	y Ownership: 80
	City: Henderson			State:	Zip: 8901	5	# Years: 5 mos
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Name: 2.	Tille:	Date of Birth:		Applic	ent's SS#:	% Equit	y Ownership:
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PPS Attachment J-3 PPSISL000315

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PPS Attachment J-4 PPSISL000325



HIGH RISK CONCURRENCE WRITE-UP

Date: 7/28/2014

Merchant: Snow Sale, LLC / SWD*SparkWhiteningDirect Tax ID: 27-1858344

PURPOSE: New

SYNOPSIS OF BUSINESS: Merchant is an online retailer of teeth whitener called Spark Whitening Direct. Products are advertised via www.sparkwhiteningdirect.com. Merchant provides trial / continuity and straight sales.

Continuity sales with requested ATS of \$40 and MV of \$50K.

***Received 2012 Business tax return & 2013 Tax Extension.

• 2012 Business Tax shows total income of \$700K.

BANKING: Business

Bank Name	Statement Date	Beginning Balance	Ending Balance	Deposits
Great Western Bank	June 2014	\$21,900	\$15,956	\$123K
Great Western Bank	May 2014	\$22,869	\$21,900	\$95K
Great Western Bank	April 2014	\$27,994	\$22,869	\$121K
Great Western Bank	March 2014	\$14,012	\$27,994	\$87K
Great Western Bank	February 2014	\$6,714	\$14,012	\$37K
Great Western Bank	January 2014	\$153	\$6,714	\$48K

PERSONAL CREDIT:

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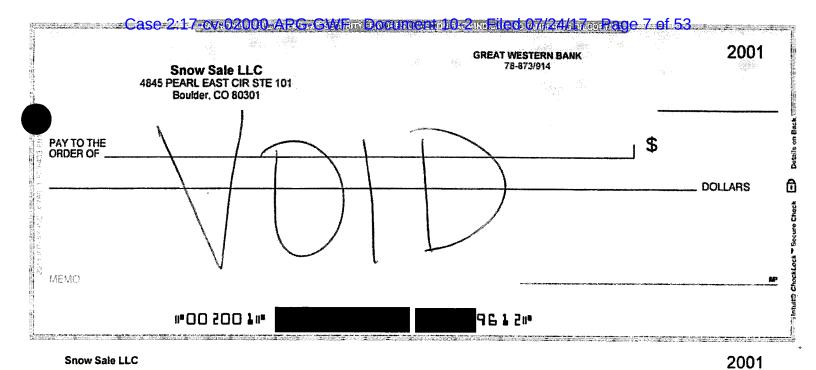
RISK EXPOSURE DETAILS:

- 10 Day Trial \$4.90; followed by monthly subscription of \$94.31.
- Delivery: 1-3 days via USPS.
- Refunds: 30 days

SUMMARY:

- Merchant is an online retailer of teeth whitener called Spark Whitening Direct. Products are advertised via <u>www.sparkwhiteningdirect.com</u>. Merchant provides trial / continuity and straight sales.
- Merchant using Verifi as a CRM.
- Account approved for \$25K with 10% RR
- G2 SPM / GMA monitoring

PPS Attachment J-5 PPSISL000374



Snow Sale LLC

2001

Print Form



MERCHANT ACCOUNT CHANGE REQUEST FORM

CURRENT INFORMATION	
DATE: MID: 1857 DBA NAME: Spark Whitening Direct	•
LEGAL NAME: Snow Sale, LLC	
DBA ADDRESS: 4845 Pearl East Circle, Ste. 101, Boulder, CO 80301	
CHANGE(S) REQUESTED (Please check all applicable)
DBA Name:	
DBA Address:	
DBA, Phone Number:	
DBA Fax Number:	
Mailing Address:	
Email Address:	
Web Address:	•
Bank Account Changes **Provide a Copy of a Pre-Printed Voided Check New Routing Number: 2479	
All changes that are requested must be signed by the person who signed the original merchant application. (Owner of the merchant account)	
Print Name:	
Signature: 55	
Global Merchant Advisors	042011

PPS Attachment J-7 PPSISL000376

	Snow Sale, LLC 4845 Pearl East Cirie; Suite 101 Boulder, CO 80301	BANK OF AMERICA, NA	1000
PAY TO THE ORDER OF		94-072/1224	<u></u>
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PPS Attachment J-8 PPSISL000377

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PPS Attachment K

Snow Sale Account Documents

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City Boulder		State	Zip: 0 80301	City: Boulder	:		State CO	Zip. 80301
Pnone #: (303) 544-21	Conta			DBA Phone #: (877) 766-6	239	F	ax #: 303) 530-07	-
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Bank Reference. Great Western I	 Bank	A Species and commentation and re-	· - ^ - · - ·	Contact: Pat Walton	 		#; 225-7425	
e votet tiskaju	ili de estado			North Charles (han)				
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Residence Addres	ss. Drive		City Henderson			State:	Zip. 89015	# Years: 2 mos
US Government	ssued ID#:	Type of ID:	Expiration De	te: Country of Citi	żenship		Wome Shor	
Name:	ai, amandi dispriptive de l'amandi de l		Title.	Date of Birth		Applica	ant's SS #: % (quity Ownership
2 Residence Addres	5S	er til ser framskriver for til	City			State.	Zip:	# Years:
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Trefrasse.	a in comme		mm/dd/yyyy	/) Sa	ese la troit	()	
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J Limited Partnership	-		LC WAI WHO WATER	TEC 2 CIVIC ASSOC		taurant	Card Swipe	4,
Type of Goods or S	Services Sold:	nutra	SIC Code.	010	U Loc	T - 1	Manual Kay Entry v	
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Name: Sunshine Health		Address: kland Park, FL		Contact: Raiph Morton		Pho (95	one #: 4) 493-5469	
Name:		Address:		Contact:		·	one #:	
venh CVVCrzastnis	Lo	Angeles, CA	Completed by S	Shane Lynch		(32		
Marchani Location Area Zonad	Retail Local	on with Store Front	Clfice Building	A Internet I Residence			01-2,000 U 2,001	
Does the amount				Square Footage: "J 8-250 or appear consistent v		· 		
If No. explain: The Merchant:	/ Owns	☐ Leases the	Business Premis	ses Landlord Na	me & F	hone #:	NA	
Further Comment	s by inspector			THE PERSON NAMED IN COLUMN TWO PROPERTY AND THE PERSON NAMED IN COLUMN TWO PERSONS NAMED IN COLUMN TRANSPORT NAMED		† · · · · · · · · · · · · · · · · · · ·	·	
				hant applicant and that ue and correct to the t				ness premises of
Verified and Inspe				Representitive	U	1-	ortative Signature): (Date:
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Global Merchant Advisors is a registered ISO/MSP of BMO Harris Bank, N.A., Chicago, IL.

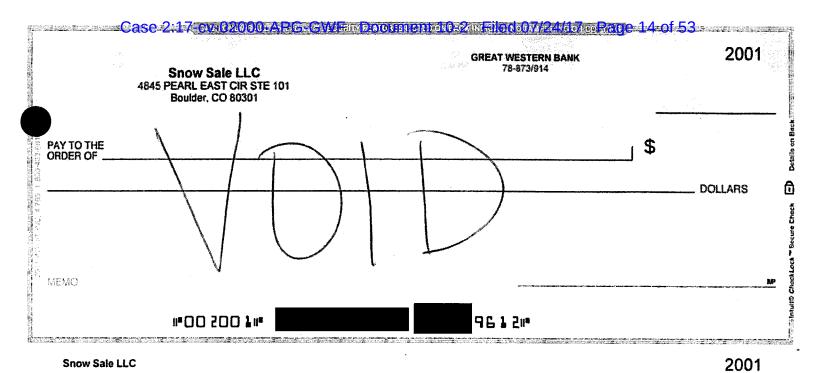
Page 1 of 13

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Merchant Chooses to accept the fo				Merchant Chooses to acc	ept the f	ollowing:	ه سره کا	•
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VS/MC Discount Rate for Debit Cards				VSAIC Discount Rate for Deb	il Cards		4.187	<u>/. </u>
N FeeS n			Ti.	70004				
DISC/VS/MC Transaction Fee:			Per item	DISCASMC Transaction Fo	ee:		4.25	Per Item
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VIMAS Online Service:			Monthly	VIMAS Online Service:			<u> </u>	Monthly
Monthly Minimum:			Monthly	Monthly Minimum:	***************************************		\$ 150	Monthly
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Manual Imprinter: QTY:	- 625.		One Time	Chargeback Fee:		— T	25.44 83600	Per Item
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Vaice Authorization Fee:		\$0.95	Per Call	Gateway Access Fee:				Monthly
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AVS Surcharge:	_		Per Item	TIN Mismatch Fee:			\$60.00	Until Validated
Government Compliance Fee:	_	\$6,95	Per Month	DonateWiseNow Fee:	i		\$4.95	Per Month
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DonateWiseNow Fee:		\$4.95	Per Month		# A			
Early Termination Fee:	-	\$495.00	One Time		-			
Misc Fees:	Start Mo/Yr:	Amount	Terms:	Misc Fees:		Start Mo/Yr.	Amount:	Terms:
#1	 .			#162 Set UP Fee			4150	
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**		Volume end/or \$ _	per item	#5	├		% of Volume and/or \$_	per item
I/We understand and agree that which arges up to 5% higher than my discular transactions, transactions without AV include Visa Acquiring Processing Fee Program Support Fee, MC Cross Bord "Yes" checkbox, I acknowledge that I a	ount rate may apply /S, business and for , Visa Misuse of Aut ler Fee, and the MC im using a third part	where additional reign cerd transac in Fee, Visa Inter Network Access y to store, proces	criteria is not met tions (See Sectionational Service A and Brand Usag s or transmit card	. Examples of where higher ra in 7.3 for further Information or ussessment Fee (ISA), Visa Ze a (NABU) Fee. Please visit the holder data. [] Yes	Discour Pro Floor Associa	apply, include bo it Rates 2 and 3 Limit Fee, Visa I tions' website to	ut are not limited to, it i). 2) Pass-through Ar international Acquirer in further details. 3) B	MOTO, keyed ssociation fees Fee, MC Acquire y checking the
Give name/address: (examples include transmitting or processing Card Transa			s, shopping carts	, Loyalty Programs, Electronic	Data Ca	pture). Ptease k	lentify any software u	sed for storing,
My Merchanta Bene	jistolusta			100 mg/s				
The representative has explain time and benefit from great de- car remais, hotels, office suppl	ats, including equip	oment support a	nd replacement	per terminal/peripheral (whe	e applic	able), as well a	e great discounts fo	gram at any or items such as
		+(*)		a constant				

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P American Express		A SECTION AND ADDRESS OF THE PARTY OF THE PA			
Estimated Annual American Express Charg		Average Ticket \$	 '		
() American Express ESA	Existing ESA SE		Merchant CAP		
20	PrePaid Discount Rate	%	Per Transaction Fee \$		
OR		%	PrePaid Per Transaction	·	
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[] New American Express OnePoint	Discount Rate	%	Per Transaction Fee \$_		
. ,	PrePeid Discount Rate	 %	PrePaid Per Transaction	Fee S	
All fees are applicable to OnePoint and ESA Card Not Present (CNP) Fee: Inbound Fee:	unless otherwise stated. 0.30% Downgrade 0.40% Downgrade for all Cross-Son	der Trenssictions			
By signing below, I represent that I have re- ment ("Agreement"), and that all information AXP's agents and Affiliates to verify the infor- from time to time, and disclose such inform AXP's agents and Affiliates to inform me di- include the name and address of the agent to read and understand the English languary your privacy and how American Express us I understand that upon AXP's approval of the	n provided herein is true, complete a mrastion in this application and recei abon to their agent, subcointractors, rectly, or inform the entity above, abo y furnishing the report. I also author ge. Please rood the American Expre- ea your information. I understand the ea your information. I understand the	nd accurate. I authorize and exchange info Affiliates and other pa- sut the contents of rep- ize AXP to use the rep- se Privacy Statement at I may opt out of ma	ac Cynergy Data, LLC, and A mation about me personally, thes for any purpose permits nots about me first they have norts on me from consumer n at http://www.americanexpre riveling communications by vi	metican Express Travel Related Servic including by requesting reports from or do by law. I suthorize and direct Cyness requested from consumer reporting as porting agencies for matteeting and as s.com/privacy to learn more about how siting this website or contacting America.	es Company, Inc. ("AXP), and maumer reporting agencies y Date, LLC. and AXP and encies. Such information will mithletistive purposes; I am obte American Express protects an Express at 1-800-528-5200.
for AXP (One Point) or to AXP's standard Co	ard acceptance program (ESA) which	h has different servici	ng terms (è.g. different speed	s of pay).	ion, cro. to periodi salvices
If qualified for OnePoint, I acknowledge the Acceptance American Express OnePoint® https://www.mybackofficetools.com/corpora	Program) and the American Express desite/login.asp. Specific instructions	Merchant Regulation will be delivered to the	us - U.S. including any update no entity via a welcome letter	s to these regulations as they are mad that will be forthcoming upon account a	e available via opproval.
I understand that if the entity does not quali the Agreement. By accepting the American	lly for the Cynergy Data, U.C. service Express Card for the purchase of go	ing program that the e roda and/or services, (ntity may be enrolled in AXP or otherwise indicating its int	s standard Card ecceptance program, a nition to be bound, the entity agrees to	and the entity may terminate be bound by the Agreement.
Merchant Signature		······································	N. 27 W. 10	Date:	
A:Debit/Criedit Authoriz	ZING AV — Ur allulativa vyvar otto	i salije alj sandbegd	នាងដែលជាលាការ៉េតា	n. Cateleo sint mulicini nashioni	(19 6)
wire transfers, or depository transfer such functions under the Merchant P in seld account concerning lease, rer supplies and materials. This automat gives Cynergy Data written notice of DDA:	rocessing Agreement, for the partial or purchase agreements for ed clearing House authorization	urposes set forth in POS terminels an cannot be revoke	the Merchant Processin d'or accompanying equip	g Agreement. This authorization a ment and/or check guarantee fee	odends to such entries is and amounts due for
INVESTIGATIVE CONSUMER REPORTING INVESTIGATIVE CONSUMER REPORTING INVESTIGATION OF THE PROPERTY OF THE PROPERT	any other statements or data obt er this agreement. You have a rig	eined from MERCH ghi, upon written rec	IANT, from any of the und quest, to a complete and a	esigned individual guarantor(s) or fi courate disclosure of the nature and	rom any other person or d scope of the investigation
AVERAGE TICKET SIZE: \$39.99			AVERAGE MONTHLY V	LUME: \$50,000.00	
Each person certifies that the average amounts could result in delayed and/or termination of MERCHANT.	ticket size and sales volume indi withheld settlement of funds. Ab	cried is accurate ar so, see paragraphs	nd agrees that any transac 5.4 and 15.3 of the MERC	tion or monthly volume that exceed HANT Processing Agreement rega	is either of the above roing suspension and
IMPORTANT NOTICE: All information any change in printed terms unless spi provisions stated within this merchant i be read before signing. By signing belo	ecifically agreed to in writing by a application, on the reverse side (n officer of Process the Merchant Agree	or and/or BMO Harris Bar ment) and acknowledge r	ik N.A. Chicago, IL. By signing belo accint of the merchant operating gu	w, you are agreeing to the ide. Those provisions must
As a primary inducement to Processor and Ser Guerantor(s), by signing this Agreement, jointly guarantee the continuing full and faithful perfor and obligations to Processor and Bank under if or in the future entered into between Merchant ments now exist or are amended from time to o further first Processor or Bank may proceed do namedles against any other person or entity re- or Merchant. This guarantee will not be discha-	nk to enter into this Agreement, the un- rand severally, unconditionally and fir mance and payment by Merchant of e his Agreement or any other agreement or its principals and Processor or Ban time, with or without notice. Guaranton readly against Guarantor(s) without firs sponsible to it or any security held by F	evocably, personally ach of its duries t currently in effect k, as such agree- (s) understands t exhausting their Processor and Bank	The indicated officer(s) k to execute the MERCHA business. MERCHAN SHALL NOT TAKE	lentified in numbers 1 and/or 2 bek NT Processing Agreement on beha T UNDERSTANDS THAT TH EFFECT UNTIL MERCHAN NK AND A MERCHANT NU	w have the authorization if of the here within named IIS AGREEMENT THAS BEEN
all heirs, administrators, representatives and a	ssigns and may be enforced by or for t	he benefit of any	X		3/18/14
successor of Processor and Bank. Guaranton(s to enter into this agreement is consideration for and effect even if the Guaranton(s) receive no a	r the guaranty, and that this guaranty r	rocessor and Bank emains in full torce	#1 From Application — S X	grature	Date
AGREED AND ACCEPTED:		14 Q 14 A	#2 From Application — S X	gnature	Date
P1 From Application - Signature	Date	•	Accepted by Processor		Date
X	aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa		x		
#2 From Application — Signature	Date		Accepted by BMO Ham	s Bank N.A. Chicago, IL	Date

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Snow Sale LLC 2001

(Acc. 3711



www.brockcpas.com



September 5, 2013

Blair McNea Snow Sale, LLC 4845 Pearl East Circle, Suite 101 Boulder, CO 80301

Dear Blair:

Enclosed are your 2012 partnership tax returns, as follows...

2012 U.S. RETURN OF PARTNERSHIP INCOME

2012 COLORADO RETURN OF PARTNERSHIP INCOME

The returns were prepared from the information furnished by you. Please review before filing to ensure there are no omissions or misstatements of material facts.

Your returns have been prepared for electronic filing. You must sign and return the efile authorization forms to our office as explained in the filing instructions. Your copy should be retained for your files for a minimum of three years from the due date or extended due date of the return.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

BROCK AND COMPANY, CPAs. P.C.

2012 TAX RETURN FILING INSTRUCTIONS

U.S. RETURN OF PARTNERSHIP INCOME

FOR THE YEAR ENDING

December 31, 2012

Blair McNea Snow Sale, LLC 4845 Pearl East Circle, Suite 101 Boulder, CO 80301
Brock and Company, CPAs, P.C. 900 S Main Street, Suite 200 Longmont, CO 80501
A general partner
Not applicable
This return has been prepared for electronic filing. To have it transmitted electronically to the IRS, please sign, date, and return Form 8879-PE to our office. We will then submit your electronic return.
Not applicable
Do not mail the paper copy of the return to the IRS. You should provide a paper copy of the Schedules K-1 to the respective partners immediately. If you choose to distribute these schedules electronically, you must distribute them in accordance with the specific requirements contained in IRS Revenue Procedure 2012-17, which generally requires the prior written consent of the partner. Please contact us if you need assistance regarding these requirements.

	1	065			U	.S. Re	eturn of P	artnershi	p In	come			OMB No. 1545-0099
		the Treasury se Service	For cale	ndar ye	ear 2012, o SION	r tax year bei	TED TO 09)/16 / 13	, ending			<u> </u>	2012
A	Principal bu	usiness activity			Name of pa		•						D Employer identification number
CF	REDIT	CARD											Train to a
		SSING					, LLC						27-1858344
В	Principal pr	roduct or service		ן יט				box, see the instruction					E Date business started
CF	REDIT	CARD	į					RCLE, SU	ITE	101			01/21/2010
		SSING			City or tow	n, state, and	ZIP code						F Total assets
•		ode number		-									44
52	25990)		_	BOULI					CO 80			\$ 11,724.
G	Check ap	pplicable boxes:	(1)	<u></u>	Initial re		Final return		ıme chai	nge (4) 📖	Address cl	nange (5) Amended return
			(6)	_	•		ion - also check (1)	· · ·		_			
Н		ccounting metho			Cash	• •	X Accrual	(3) L Ot	-				
1						ı person wi	no was a partner at	any time during the	tax yea	r 🕨	2		· · · · · · · · · · · · · · · · · · ·
<u>J</u>	Check if	Schedules C and	d M-3 a	re atta	ached .				·····		·····		<u></u>
Ca	ution. Inc	clude only trac	de or b	usine	ess incor	ne and ex	penses on lines	a through 22 bei	ow. Se	e the instruction	ons for mo	re infoi	rmation.
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								•••••			7,743.		
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ae .												3	699,790.
ncome	4 0	rdinary income /	(Ince) fr	nm ni	ther narta	, Jershins es	tates and trusts (a	ttach statement) ~	,/,/	······		1	
투	5 N	et farm profit (In	(1000) II 188) (att	ach S	chedule F	(Form 104	101)	taon outomone,		. /		5	
	6 N	et gain (loss) fro	om Forn	n 479	7. Part II.	line 17 (att	ach Form 4797)			7-7		6	
	7 0	ther income (los	ss) (atta	ch sta	atement)			Z. (1	<i></i>		7	
	8 T	otal income (los	88). Cor	mbine	lines 3 th	rough 7			<i>J.</i> j			8	699,790.
_												9	3,000.
instructions for limitations)	10 G	iuaranteed paym	ents to	partn	ers				<u> </u>			10	
tatic	11 R	epairs and main	tenance	·			(11	
Ē	12 B	ad debts					(T					12	
for	13 R	ent						SEE				13	2,031.
Suc	14 Ta	axes and license	es					// SEE	STAT	PEMENT 1	<u> </u>	14	347.
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str													
Φ												16c	
e th								•••••				17	
(se		etirement plans,						•••••				18	
Suc	19 Ei	mproyee benefit	progran	ms .	· · · · · · · · · · · · · · · · · · ·		•••••	•••••	•••••			19	
渡	20 0	ther deductions	/attach	ototo	mont)			SEE	СФУ	PEMENT 3	,	20	695,131.
Deductions (see th	20 0	uner deductions	(allacii	State	ment) .			200	n'i'	LISTINIA T	4	20	093,131.
۵	21 T	otal deductions	. Add ti	he am	nounts sh	own in the	far right column for	lines 9 through 20				21	700,509.
_												+	
		Under penaltie	es of perjo complete.	ury, Id Declar	eclare that	Thave exami	ned this return, includi	ng accompanying sche limited liability compar	dules and	statements, and t	o the best of r	ny know nation of	-719. ledge and belief, it is true, which preparer has any
Sig		knowledge.	•			,			•			May the	IRS discuss this return
Hei	re								Ì			with the (see ins	preparer shown below
		Signature	of genera	al partr	ner or limite	d liability cor	npany member manag	er		Date	, ,	000 1110	X Yes No
		Print/Type prepa	rer's nam	ne			Preparer's signature			Date	Check	if	PTIN
p '	 Lai	L	4772 - -	-							self-employ	yed	D00163010
Pai		CRAIG C		ĽY		l			<u>.</u>	• • • • • • • • • • • • • • • • • • • •	<u> </u>		P00163210
	eparer e Only	Firm's name		~	י ג כוואר	TV ~	מת המ					0 4	_0020206
USI	o only						PAS, P.C. REET, SUI				Firm's EIN	→ 04	-0930288
		Firm's address LONGMO					KTTI, SUI	TIE ZUU				303	-776-2160
		I TOMPETO	лт,	<u> </u>	<i>-</i> 00:) U T					Phone no.	203	-//U-ZIOU

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2012)

Form	1065 (2012) SNOW SALE, LLC			27-185	8344	Page
Sc	hedule B Other Information					
1	What type of entity is filing this return? Check the a	•			Yes	s No
а		omestic limited partnersh	ip			
C	Domestic limited liability company d D	omestic limited liability pa	artnership			
e		her 🖊				
2	At any time during the tax year, was any partner in the	-				Ì
	partnership), a trust, an S corporation, an estate (otl	er than an estate of a de	ceased partner), or a nominee	or similar person?	Х	
3	At the end of the tax year:					
a	Did any foreign or domestic corporation, partnership	•		· ·		
	any foreign government own, directly or indirectly, a					1
	constructive ownership, see instructions. If "Yes," at				X	
ь	Did any individual or estate own, directly or indirectly					
	constructive ownership, see instructions. If "Yes," at	ach Schedule B-1, Inforn	nation on Partners Owning 50	% or More of the Partnership		X
4	At the end of the tax year, did the partnership:					
а	Own directly 20% or more, or own, directly or indire				gn	
	or domestic corporation? For rules of constructive of	wnership, see instruction	is. If "Yes," complete (i) throug		 /iv\n	X
	(i) Name of Corporation		Identification	(iii) Country of	Own	
			Number (if any)	Incorporation	Voting	Stock
						
	 					
			<u> </u>			
			(9.2)	·	+	
	Own directly an interest of 20% or more, or own, dir	actly or indirectly an into	root of 500/ or more in the arr	ofit loop or conital in any foreign or		
D	domestic partnership (including an entity treated as	-	1			
	instructions. If "Yes," complete (i) through (v) below	a partifership) or in the D	BIIBIICIAI IIIEEESI OI A II USIY FU	r rules of constructive ownership, see	,	X
	(i) Name of Entity	(ii) Employer	(iii) Type of Entity	(iv) Country of	(v) Ma	
	(i) Name of Enalty	Identification Number (if any)	(iii) typo or Linuty	Organization	Percentage Profit, Loss	Owned in
		(Tioni, Loss	, or oapitar
					+	
					 	
			2		1	
			/		1	
		The state of the	#L		Ye	s No
5	Did the partnership file Form 8893, Election of Partn	ership Level Tax Treatme	nt, or an election statement u	nder		
	section 6231(a)(1)(B)(ii) for partnership-level tax tre	•				
	for more details					X
6	Does the partnership satisfy all four of the following	conditions?				
a	The partnership's total receipts for the tax year were	less than \$250,000.				
b	The partnership's total assets at the end of the tax y	ear were less than \$ 1 mi	llion.			
C	Schedules K-1 are filed with the return and furnishe	d to the partners on or be	fore the due date (including e	ktensions) for the partnership		
	return.					
d	The partnership is not filing and is not required to fil	e Schedule M-3				X
	If "Yes," the partnership is not required to complete	Schedules L, M-1, and M	-2; Item F on page 1 of Form 1	065;		
	or Item L on Schedule K-1.		, , ,	·		
7	Is this partnership a publicly traded partnership as o	efined in section 469(k)(2)?			X
8	During the tax year, did the partnership have any de				\neg	1
						X
9	Has this partnership filed, or is it required to file, For					T
	reportable transaction?	·····	······································	·		X
10	At any time during calendar year 2012, did the partn					
	foreign country (such as a bank account, securities	account, or other financia	al account)? See the instructio	ns for exceptions and filing		
	requirements for Form TD F 90-22.1, Report of Fore	ign Bank and Financial Ad	counts. If "Yes," enter the nan	ne of the foreign		
	country					1 7

Form **1065** (2012)

Form	1065 (2012) SNOW SALE, LLC 27-185834	44	Page 3
Sc	chedule B Other Information (continued)		
***************************************		Yes	No
11	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes,"		
)	the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts.		
	See instructions	Committee	X
12a	Is the partnership making, or had it previously made (and not revoked), a section 754 election?	1	X
	See instructions for details regarding a section 754 election.		
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing		OBOUTO CONTRACTOR OF THE CONTR
	the computation and allocation of the basis adjustment. See instructions	1	x
C	Is the partnership required to adjust the basis of partnership assets under section 743(b) or 734(b) because of a substantial built-in loss (as defined		
	under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and		
	allocation of the basis adjustment. See instructions		x
13	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such		
	property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year)		
14	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership		
	property?		X
15	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the		
	number of Forms 8858 attached. See instructions		
16	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of		
	Section 1446 Withholding Tax, filed for this partnership. ▶		X
17	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return. ▶		
18a	Did you make any payments in 2012 that would require you to file Form(s) 1099? See instructions		X
b	If "Yes," did you or will you file required Form(s) 1099?		
19	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached		
	to this return.	4.00	
20	Enter the number of partners that are foreign governments under section 892.		
	ignation of Tax Matters Partner (see instructions)		
Enter	below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:		
Name	e of Identifying		
	mated TMP ► SASSY SMILE, LLC number of TMP ► 27-1857	<u>779</u>	
If the	TMP is an A phone Phone		
repre	name of TMP BLAIR MCNEA Phone number of TMP ▶		
	ess of 6260 LOOKOUT ROAD		
desig	nated TMP BOULDER, CO 80301		

Form **1065** (2012)

SCHEDULE B-1 (Form 1065)

(Rev. December 2011) Department of the Treasury Internal Revenue Service

Information on Partners Owning 50% or More of the Partnership

Attach to Form 1065. See instructions.

OMB No. 1545-0099

Name of partnership

Employer identification number

SNOW SALE, LLC				27	7-1858344
Part I Entities Owning 50% or More o	f the Partnership (Fo	rm 1065, Schedul	e B, Quest	tion 3a)	
Complete columns (i) through (v) below for any foreign tax-exempt organization, or any foreign government the partnership (see instructions).				-	
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity		iv) Organization	(v) Maximum Percentage Owned in Profit, Loss, or Capital
SASSY SMILE, LLC	27-1857779	LLC	UNITED	STATES	99.00
CONVERTIS, LLC	20-4673205	PARTNERSHIP	UNITED	STATES	99.00
CONVERTIS MARKETING, LLC	27-0292175	PARTNERSHIP	UNITED	STATES	99.00
Part II Individuals or Estates Owning 5	60% or More of the P	artnership(Form	1065, Sch	edule B, Q	uestion 3b)
Complete columns (i) through (iv) below for any individu capital of the partnership (see instructions).	ual or estate that owns, dire	ectly or indirectly, an in	terest of 50%	or more in the	ne profit, loss, or
(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citize	enship (see ir	nstructions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
			-··		
				<u>. </u>	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

Schedule B-1 (Form 1065) (Rev. 12-2011)

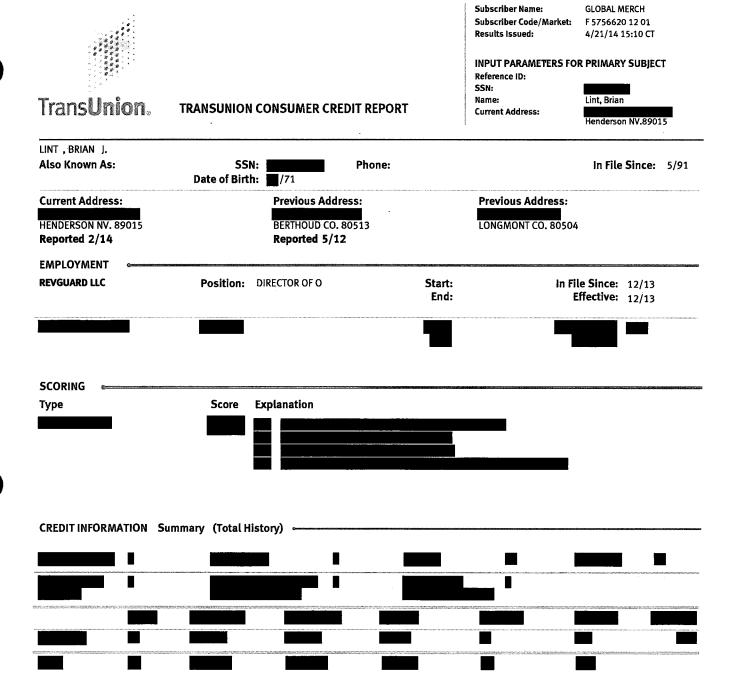
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P27775

Schedule K-1 (Form 1085) 2012	Final K-1 Amended K-1 OMB No. 1545-009
(Form 1065) For calendar year 2012, or tax	Part III Partner's Share of Current Year Income
Department of the Treasury year beginning	Deductions, Credits, and Other Items
Partner's Share of Income, Deductions,	1 Ordinary business income (loss) 15 Credits -712.
Credits, etc.	2 Net rental real estate income (loss)
orearts, etc.	16 Foreign transactions
Part I Information About the Partnership	3 Other net rental income (loss)
A Partnership's employer identification number 27–1858344	4 Guaranteed payments
B Partnership's name, address, city, state, and ZIP code	5 Interest income
SNOW SALE, LLC	6a Ordinary dividends
4845 PEARL EAST CIRCLE, SUITE 101 BOULDER, CO 80301	6b Qualified dividends 17 Alternative min tax (AMT) items
C IRS Center where partnership filed return E-FILE	7.0
E-FILE	7 Royalties 18 Tax-exempt income and
D Check if this is a publicly traded partnership (PTP)	8 Net short-term capital gain (loss) nondeductible expenses
Part II Information About the Partner	9a Net long-term capital gain (loss)
E Partner's identifying number 27–1857779	9b Collectibles (28%) gain (loss) 19 Distributions
F Partner's name, address, city, state, and ZIP code	9c Unrecaptured sec 1250 gain
	20 Other information
SASSY SMILE, LLC 6260 LOOKOUT ROAD	10 Net section 1231 gain (loss)
BOULDER, CO 80301	11 Other income (loss)
G X General partner or LLC Limited partner or other LLC	Tri Other income (loss)
member-manager member	
H X Domestic partner	
11 What type of entity is this partner? PARTNERSHIP	12 Section 179 deduction
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	
J Partner's share of profit, loss, and capital:	13 Other deductions
Beginning Ending	
Profit 99.000000% 99.000000%	
Loss 99.0000000% 99.0000000%	
Capital 99.000000% 99.000000%	14 Self-employment earnings (loss)
<u> </u>	A -712.
Nonrecourse \$	C 692,792.
Qualified nonrecourse financing \$ Recourse \$ 169,866.	*See attached statement for additional information.
Recourse \$ 169,866.	
L Partner's capital account analysis:	
· · · · · · · · · · · · · · · · · · ·	
Beginning capital account \$ -156 , 454 . Capital contributed during the year \$	(fig.
	9
, , , , , , , , , , , , , , , , , , , ,	j j
Withdrawals & distributions \$() Ending capital account \$ -157,166.	For IRS Use Only
	호
Tax basis GAAP Section 704(b) book Other (explain)	
M Did the partner contribute property with a built-in gain or loss?	
Yes X No	
If "Yes", attach statement (see instructions)	

_	Schedule K-1 2012		Final K-1 Amend		
١.	For calendar year 2012, or tax		Part III Partner's Share		
	Department of the Treasury year beginning	┝	Ordinary business income (loss)		ts, and Other Items
F	Partner's Share of Income, Deductions,	Ι΄	-7.	13 (l
	Credits, etc. See separate instructions.	2	Net rental real estate income (loss)		
Г		3	Other net rental income (loss)	16 F	oreign transactions
L	Part I Information About the Partnership	Ľ	distriction income (1033)		
	A Partnership's employer identification number 27–1858344	4	Guaranteed payments	<u> </u>	
ľ	B Partnership's name, address, city, state, and ZIP code	5	Interest income		
	SNOW SALE, LLC	- Ra	Ordinary dividends	\vdash	
1	4845 PEARL EAST CIRCLE, SUITE 101	້ໍ		17 /	Alternative min tax (AMT) items
	BOULDER, CO 80301	6b	Qualified dividends		
I	C IRS Center where partnership filed return	L	<u> </u>		
ŀ	E-FILE	7	Royalties		
	D Check if this is a publicly traded partnership (PTP)	┡	Net short-term capital gain (loss)	•	Fax-exempt income and nondeductible expenses
L	Olleck II tills is a publicity traded partitership (FTF)			L'	londeducuble expenses
	Part II Information About the Partner	9a _	Net long-term capital gain (loss)	<u> </u>	
Į	E Partner's identifying number	9b	Collectibles (28%) gain (loss)	19 [Distributions
ı	F Partner's name, address, city, state, and ZIP code	90	Unrecaptured sec 1250 gain	<u> </u>	
ı	BRIAN LINT	40	New Year 1001 rain (lane)	20 (Other information
	DRIAN DINI	ارًا ا	Net section 1231 gain (loss)	\vdash	
ı	LONGMONT, CO 80501	11	Other income (loss)		
Ī	G General partner or LLC X Limited partner or other LLC		<u> </u>		
ı	member-manager member	L			
ı	H X Domestic partner	<u> </u>	0	<u> </u>	
ı	12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	'2	Section 179 deduction	<u> </u>	
ı	J Partner's share of profit, loss, and capital:	13	Other deductions		
ı	Beginning Ending				
ı	Profit 1.0000000% 1.0000000%				
ı	Loss 1.0000000% 1.0000000%	<u> </u>			
ı	Capital 1.000000% 1.000000% K Partner's share of liabilities at year end:	14 A	Self-employment earnings (loss) 0 •	\vdash	
l	Nonrecourse \$	Ë	1		
ŀ	Qualified nonrecourse financing \$,	See attached statement for additio	nal in	formation.
١	Recourse\$	Г			
-					
I	L Partner's capital account analysis: Beginning capital account \$\$	L			
	Capital contributed during the year \$	[등			
	Current year increase (decrease) $\qquad \qquad \qquad$	Jse			
	Withdrawals & distributions] [3]			
	Ending capital account \$\frac{-1,627}{}.	For IRS Use Only			
	Tax basis X GAAP Section 704(b) book				
1	Other (explain)				
	M Did the partner contribute property with a built-in gain or loss? Yes X No				
ĺ	If "Yes", attach statement (see instructions)				

Case 2:17-cv-02000-APG-GWF Document 10-2 Filed 07/24/17 Page 23 of 53



PPS Attachment K-13 PPSISL000140

Print Form



MERCHANT ACCOUNT CHANGE REQUEST FORM

	CURRENT INFORMATION	
8/31/15 DATE:	MID: 3012	
DBA NAME: Bella at Home Res		
LEGAL NAME: Snow Sale, LLC		
DBA ADDRESS: 4845 Pearl Eas	t Circle, Ste. 101, Boulder, CO 80301	
CHANGE(S) RI	EQUESTED (Please check all applicable)
DBA Name:		
DBA Address:		
DBA Phone Number:		
DBA Fax Number:		
Mailing Address:		
Email Address:		
Web Address:		
Bank Accoun	nt Changes **Provide a Copy of a Pre-Printed Voided Check	··
New Routing Number:		_
New Account Number:	2479	_
merchant application. (Owne	d must be signed by the person who signed the original r of the merchant account)	
Print Name:	test	
Signature:		
Global Merchant Advisors		042811

PPS Attachment K-14 PPSISL000147

Case 2:17-cv-02000-APG-GWF Document 10-2 Filed 07/24/17 Page 25 of 53

	Snow Sale, LLC 4845 Pearl East Chie, Suite 101 Boulder, CO 80301	W SISSUMP APAIDLESS LEFTSU	OH DAOK INDICATE NO TAMPERINA OR COM BANK OF AMERICA, NA	YSIO	1000
PAY TO THE ORDER OF			94-072/1224	\$	
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PPS Attachment K-15 PPSISL000148

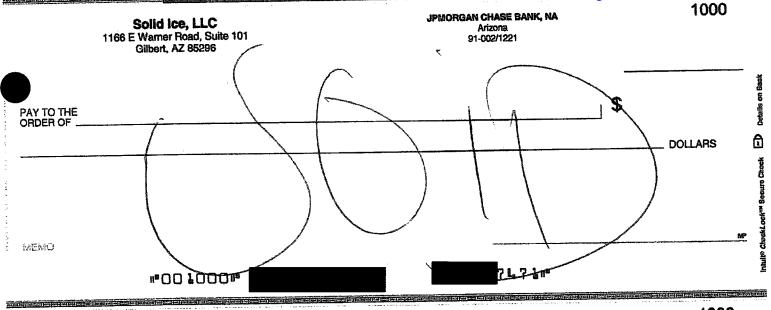
PX11

PPS Attachment L

Solid Ice Account Documents

		MERCHAN		APPLICAT	rio'n			Julya.	
				Merchant					
1 67 GN	T /				New Location	_			
Clohol Ma	rchant Advis	are	30	00 S, Rober	tson Bivd • Ste 10-220-0624 • F	295 • Lo:	s Anglees	s, CA 90	1034
dional inc				ww	w.globalmerc			m	ļ
By checking yes and signing this application	and agreement, you indi	Accepts Donate Wise cate your acceptance of the	Gree:	nwise GreenSuite a	nd DonateWiseNow Pro	gram ternis ar	d conditions.		
Business Information Legal Name (as it appears on your	(See Fears and C	anditions for further to	ntor	mation)	count (Doing Bus	noce Act	ingluð bevil	RS regula	tions
Solid Ice, LLC				Action Pro O		iicaa maj.			
Legal Address: 1166 E. Warner Rd., Ste. 101				Physical Stre 1166 E. Warr	eet Address (No I er Rd., Ste. 101	P.O. Box):			
City: Gilbert		State: Zip: AZ 85296	<u> </u>	City: Gilbert		······································		State:	Zip: 85296
Phone #: Cor	ntact:			DBA Phone	#:		Fax#:	<u>v.</u>	03290
(480) 719-7997 Must Choose One Mailing Addre	Christy Goul		-	(866) 71 Website Add	1-2832		()		
□ DBA Address ☑ Legal Addr	4	ionproenline.com			ress: proonline.com				
Federal Tax # (4s d appears on your noome tax return) 4 5 5 0 7 6 1 9 6	# of Locations 1	Years in Business 8 mos		Years Owne	d Business				
Place of Legal Formation: Arizona	· · · · · · · · · · · · · · · · · · ·			Country of P	rimary Business	Operation	ş:		
Bank Reference:			\vdash	Contact:	P	hone #:			
JP Morgan Chr ➤ Owners on Officers • Inc				driguez			70-7097	T. 480 In.	
Name:	arviduar Owne	Title:	gua	Date of Birth		oplicant's	SS #:	% Eat	ity Ownership:
1. Christy Gould		Manager	1	1988			<u> </u>	8	0
Residence Address:		City: Superior			CO		Zip: 30027	1	# Years:
US Government Issued ID#:	Type of ID: Oriver's License	Expiration Date 10/28/2017	6 :	Country of	Citizenship (if not	US):	Home Ph	one:	
Name: 2.	· · · · · · · · · · · · · · · · · · ·	Title:		Date of Birth	: A	plicant's	SS #:	% Equ	ity Ownership:
Residence Address:		City:			Si	ale:	Zip:		# Years:
US Government Issued ID#:	Type of ID:	Expiration Date	e:	Country of	Citizenship (if not	us):	Home Ph	one:	
▶ Business Profile					Sales Pro	file 🥶			
Type of Ownership: U Sole Proprietor U Corporation (Privately Traded) U C					Merchant Type: Retail	Discover/Vi	sa/MasierCar le):	d Sales Pr	ofile
☐ Partnership ☐ Tax Exempt Org ☐ Limited Partnership ☐ Political Org		Multi Member LLC	130	Civic Assoc	☐ Restaurant	Card Swipe		· · · · · · · · · · · · · · · · · · ·	%
Type of Goods or Services Sold:		SIC Code: 5068			☐ Lodging	Manual Key Cord Prese	Entry with is	aprint,	%
Do you currently accept Discover SiVisalite ☐ Yes ☐ No		Name of Current Process		······································	Service ☑ Internet	Mail Order/			%
(If you you should submit 3 current months suttement		Meritus	-		Home Based	Internet			100 %
Has Merchant or any associated princip bankruptcy or been subject to involunts		No Date:			☐ Other	Total =			100%
► Business Trade Supplie				Canina					and the patients of the said
	iress: land Park, FL			Conlact: Cathie Rhami		none #: 154) 49	3-5469		
	ress; Lake City, UT			Contact: Brandi Simps	PI	one #:	2 4200	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
Merchant Site Survey R		Completed by S	ile	•	, , ,	NO. 0 . 1	3-4206		
Merchant Location: Retail Locati	on with Store Front	Office Building	ln:	ternet 🔲 Re	sidence Other				
Area Zoned: Commercial Does the amount of inventory ar	Industrial Industrial		1		0-250 () 251-5			2.001	□ No
If No, explain:					and type of		· ت		<u></u>
The Merchant: Owns		Business Premises	-	Land	lord Name & Pho		inning	1 1	
Further Comments by Inspector	(wust complete)					7	38.86	2. 543	5
I hereby verify that this application the merchant at this address and	on has been fully	completed by merch	ant and	applicant and	that I have physe best of my know	cally insp	ected the I belief.	business	premises of
Verified and Inspected by:		\	1	resentative #:	_*	entative S			Date;
X PPS Attachment L-4		1		Diel Oct Att	X			PPSISE	20/19
Global Merchani	Advisors is a re	White Copy Ban egistered ISO/MSP of	f B	rınk Copy - Mei MO Harris Ba	cnant nk. N.A., Chicace	o, IL			Page 1 of 10 Rev2. 10/01/2011

▶ ■ Discover / Visa / Maddecard Standard Retail / High	h Risk Refa	ii Rates			■ Mall / Phone / In	ternet / Touchton	Rates	
Merchant Chooses to accept the following		**			Meichant Chooses to accept the follow	•	3.9	.o
DISC VS/ARC (Other Conds) Discount Plate VS/ARC Discount Plate for Dobal Conds			ei.		DISCAVSAAC (Other Cards) Discount VSAAC Daba Card Discount Rate	Rate	3. 3.	
AMEX Discount Rate	1, pt 41 - 114 .		· · · · · · · · · · · · · · · · · · ·		AMEX Rate:	\$6.49.49.\$ select processes account to account 1/2 of accounts		\$7.05 Monthly
> Fecs					Fees			
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yIMAS On he Service	Mark and		Monthly		Sudement Fee VIMAS Online Schion		\$10.00	
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Beat Impaiction Fee Plus Network Flees 697 Transaction Fee	4 · · · · · · · · ·		Per dem		MOTO/Internet Surcharge			Per item
EST Statement Fee			Morning		AVS Surcharge		.10	Fe: Rem
Batch Fee			Per Batci	1	Batch Fee.		. 25	Per Batch
Manus Improter QTY. Chargeback Fee			One Time Partten		Manual Impresser: Crargetiack Fee	QTY:		Oras Targe
ACH Reject Fou			Per item	1	ACH Reject Fee			Per tiem
Hebara Fee		\$5. £P.			Retrieval Fire.		\$5.00	
voce Autonizmen Fee Gateway Access Fee			Per Call Marmy		Voice Authorization Fair			Per Car
AVS Saidungs		-	Par tiem		Gateway Access Fee			Morniny
Government Companies Fee		\$6.95	Morahiy		Government Compliance Fee		\$6.95	
TN Manager Fee			Uniti Van	ale 3	TiN Mismatch Fee			Until Validation
Early Termonation Fee Start Modern Start Modern			Ose Time		Early Tomonation Fee			One fore
Misc Fees Stan MoSVI	Ancont		Terms	1	Mass Feres GZ SPM - Setup Fere	Start Mo-Tr	Ament \$150.00	Terros OmeTeno
					. G2 SPM - Monthly Fee		\$150.00	Atomitis.
					4;			
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► Merchant Benefits Club								
Les, I want to particulate in the ordional Merchant Benefits Club wh	ch includes e	quimeri	support ar	a rec	acement for an additional \$14.99 per ter	minal peopheral per month	nitials. X	
► American Express								
By signing below in represent that I have read and am authorized to sign a semantion movided herein is true, complete and accurate I authorize ES.	end subund this A and America	applicatio n Existent	h for the at Touald Bai	Che es	Why which agrees to be bound by the Amer Animas Common the CAmerican Evenue	can Express® Card Acceptance	Agreement ("Agreeme	mili and that all
Oppication and receive and exchange information about me person	naly accessing	by reque	sting tepon	s from	consumer reporting agencies, and discio-	e such information to their arrest	ia auggentiactors Affi	lates and other
neces for any purpose permitted by law 1 authorize and direct ESA and An from consumer reporting agencies. Such information with relude the name	merican Expect	s and Am	erican Exp	235 5	igents and Alfikates to inform mo directly, o	r through the entity above of repo	rts about me that they	have respected
Appliquentive pursuses. Luniversized that upon American Express's appro-	ordi equalossi.	icalize, to	ong racion Day kat	the tax	wided with the Agreement and materials w	ra ase me resons rom consume Poemzia il la American Espressis	r recorung agentives to Card government cam	r mackering and . Davin
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Debit/Gredit Authorization - Include Nection authorizes Cynergy Data, ELC ("Processor") or BMO Harris					uis is re. vernying bar	k seconnt intorn	ation.	
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Solid Ice, LLC

Solid Ice, LLC 1000



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MERCHANT ACCOUNT CHANGE REQUEST FORM

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Global Merchant Advisors

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PPS Attachment M-1

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and Not Present (CNP) Fee: bound Fee: signing below, I represent that I have no ent ("Agreement"), and that all information (P'a agents and Affiliates to venty the information prome to one, and disclose such inform (P'a agents and Affiliates to Inform no in inde the name and address of the agent read and understand the English languar use privacy and how American Express sur-	0.39% Downgrade for all Cr 0.40% Downgrade for all Cr ad and am authorized to sign in provided herein is true, can promation in this application as tallon to their agent, subcomit party, or inform the entity and by furnishing the report. I elist	n and submit this applicable material and actuals. I suff not receive and exchange		ulty the American Expressily Card Americans
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indestand that upon AXF's approval of 0	ses your information. I trible!	ove, gazut fre contents er Deutsche AXP is use the n Express Privacy Statem sterni hall I may opt out of	requests for any purpose permises by requests from requests on me from consumer reporting agents as as resp. Away amendance press comprisely makesing communications by visiting this web.	equesting reports from consumer reporting agent mortee and direct Contray Data, LLC, and AAP a necessariar reporting agencies. Such information ester marketing and administrative purposes. It to learn more about how American Express profi- site or contecting American Express at 1-500-500
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ceptance American Express One for S ps://www.mytackoffoetoos.com/corpora	Fragan) e 110 ales e logo asp. Special		to the entity via a welcome letter that will be for	
nderstand that if the entity does not qual a Agreement. By accepting the American	By for the Cynergy Data, LLC Express Card for the purch), servicing program that t use of goods and/or servic	he entity may be enrolled in AXP's standard Car as, or otherwise indicating its intention to be bo	nd ecceptance program, and the entity may family and, the entity across to be loaded by the Agreen
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vestigate the references provided of	any other statements or o	data obtained from MEI		reare of the nature and scope of the investi
VERAGE TICKET SIZE:	5.77/22		AVERAGE MONTHLY VOLUME:	WUSEGO
ach person certifies that the average mounts cause result in delayed and/o rmination of MERCHANT.	ticket size and sales value withheld settlement of fi	ime indicated is accurat inds. Also, see paragra	te and agrees that any transaction or mont phe 5.4 and 15.3 of the MERCHANT Proce	hly volume that exceeds either of the above essing Agreement requiring suspension are
MPORTANT NOTICE: All information my change in printed terms unless of	ectically agreed to it with	ing by an officer of Pro-	and the second control of the second control	Merchant: Processor shall not be responsib ago, IL. By signing below, you are agreeing i merchant operating guide. Thisse provision if and the merchant operating guide.
Individual Guaranty — a primary indicement to Processor and Bo	ank to enter into this Agreemen ily and severally, unconditional ormance and payment by Men this Agreement or any other	ily and intercasily, persona chant of each of its dutes greenent carenty in elec	to execute the MERCHANT Processis business. MERCHANT UNDER SHALL NOT TAKE EFFECT	umbers 1 and/or 2 below have the authorizing Agreemant on behalf of the here within I STANDS THAT THIS AGREEMEN UNTIL MERCHANT HAS BEEN
prantee the continuing full and faithful performing the continuing full and faithful performing the future entered into between Marchanton was more to make the continuing the form the to	nt or its principals and Process stone, with or without natice. C	Sugrantoria) understands	APPROVED BY BANK AND	a merchant number is issue
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grantee the continuing full and faithful perford obligations to Processor and Bank under in the future entered into between Mentian into flow or suit or are amended from time to ther that Processor or Bank may proceed of modies against any other person or entity in Merchard. This guarantee will not be dischulately administration, representatives and excessor of Processor and Bank. Guarantee anter into this agreement is consideration of a fight even if the Guaranter(s) modive con	nt or its principals and Process time, with or without notice, by directly against Guarantine, by asponsible to it or any security arged or affected by the death assigns and may be enforced (a) understand that the induse for the guaranty, and that this for the guaranty, and that this !	Surrantonis) understands visious first exhausting their y held by Processor and Ba i of the undersigned, will bit by or for the benefit of any ment to Processor and Bar guaranty ramains in full force	APPROVED BY BANK AND IN THE PRINT LEGAL Name of Megchant Busing X Application - Signature X	A MERCHANT NUMBER IS ISSUE OW, LLC HID 14
trantee the continuing full and faithful perford obligations to Processor and Bank under in the future entered into between Merchanists now exist or are amended from time to their that Processor or Bank may proceed discilled against any other person or entity in Merchant. This guarantee will not be discitutionally administrations, representatives and excessor of Processor and Bank. Guaranter unter into this agreement is consideration of playing the Guaranter of	nt or its principals and Process time, with or without notice, by directly against Guarantine, by asponsible to it or any security arged or affected by the death assigns and may be enforced (a) understand that the induse for the guaranty, and that this for the guaranty, and that this !	Surrantonis) understands visious first exhausting their y held by Processor and Ba i of the undersigned, will bit by or for the benefit of any ment to Processor and Bar guaranty ramains in full force	APPROVED BY BANK AND IN THE PROVED BY BANK A	A MERCHANT NUMBER IS ISSUE OWL, LLC Dess Date Date
atantings), by signing this Agreement, joint arrantee the continuing full and faithful period obligations to Processor and Bank under in the future entered into between Merchantis now exist or are amended from time to their that Processor of Bank may proceed or early in Merchant. This guarantee will not be dischibere, administrators, representatives and occasion of Processor and Bank. Guarantee enter the this agreement is consideration to efficiency of Processor and Bank. Guarantee enter the this agreement is consideration to efficiency of the Guarantee enter the this agreement is consideration to efficiency of the Guarantee enter the this agreement is consideration to efficiency of the Guarantee entermines.	nt or its principals and Process time, with or without notice, by directly against Guarantine, by asponsible to it or any security arged or affected by the death assigns and may be enforced (a) understand that the induse for the guaranty, and that this for the guaranty, and that this !	Surrantonis) understands visious first exhausting their y held by Processor and Ba i of the undersigned, will bit by or for the benefit of any ment to Processor and Bar guaranty ramains in full force	APPROVED BY BANK AND IN THE PROVED BY BANK AND IN THE PROVIDENCE OF MERCHANT Busing A Province o	A MERCHANT NUMBER IS ISSUE)WC, LLC MESS 4/10/14

Mail, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

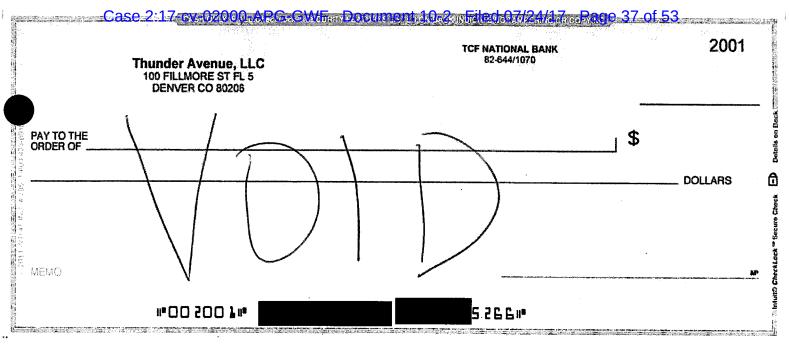
- 1. Refund / Cancellation Policy
- 2. Privacy Policy
- 3. Terms & Conditions listed
- 4. Products & the Corresponding Pricing listed
- 5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
- 6. Telephone Customer Service contact number
- 7. Shipping & Handling method and shipping delivery time after the sale

URGENTIIII You must contact your sales representative immediately upon completing the above 7 internet processing requirements!

Underwriting & Marketing Review (Please asswer the	following grestings seeker are by as bold bid to be a second of the seco
internet	erials, product catalogue, etc. How will product be advertised or promoted?
If advertising on Internet, list website address: www.den	talproathomemarketing.com
Preferred 23 character (or less) DBA identifier (appears of	
TAD'PRDEHOMES	
List name(s) and address(es) of vendor from which the p Sunshine Health, Oakland Park, FL and Oratech, S	product is purchased:
List name(s) and address(es) of third party or fulfillment sales, marketing, processing of orders, or shipping of me Rev Go Fulfillment, 7565 Commercial Way, Unit E,	organizations, or parties aside from your staff who will assist or participate with the trohandise: Henderson, NV 89011
List geographical area(s) in which the product or service	
List carrier services that will deliver product or service: US	
What is your return or refund policy? RMA required, full	
How does the customer order the product or service? WW	w.dentalproathomemarketing.com
When you receive an authorization, how long before men	chandise is shipped or services are provided? 1-3 days
Do you perform recurring monthly billing? X Yes Is your database collecting entire credit card numbers?	Noif Yes,XMonthly Quarterly Bi-annual Annual Annual Yes No
This amendment is made by & between BMO Harris Bank, N WHEREAS: Bank is engaged in the general banking business in related to the processing of Credit Card Transactions to MERCH	N.A., Chicago, IL ('Bank'), & the undersigned "MERCHANT" & subject to the approval of BANK notuding the purchase of Credit Card Transactions from merchants and provide certain services IANT; and
	n(s) Card Numbers presented in connection with the Mail Order/Telephone Order sale of product/
in consideration of the representations, covenants, and p	ank, N.A., Chicago, IL ('Bank') VISA/MasterCard Processing Agreement ('Agreement'). NOW THEREFORE promises made herein, the parties hereto agree to amend Agreement as follows:
 MERCHANT agrees to use and retain proof of a traceable delivened. MERCHANT agrees that transactions will not be processed units. MERCHANT agrees to a charge of \$0.05 per AV5 transaction(s). 	very system as means of shipment of product to customer. If ill products are shipmed to Cardholder.
AGREED & ACCEPTED BY:	DATE: 4/10/14
OWNER / OFFICER	Authorized BMO Harris Bank, N.A. Agent
Marnie Baesler	Market Karring
Print Name	Print Name
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Rev2, 09/25/13 Page 12 of 15

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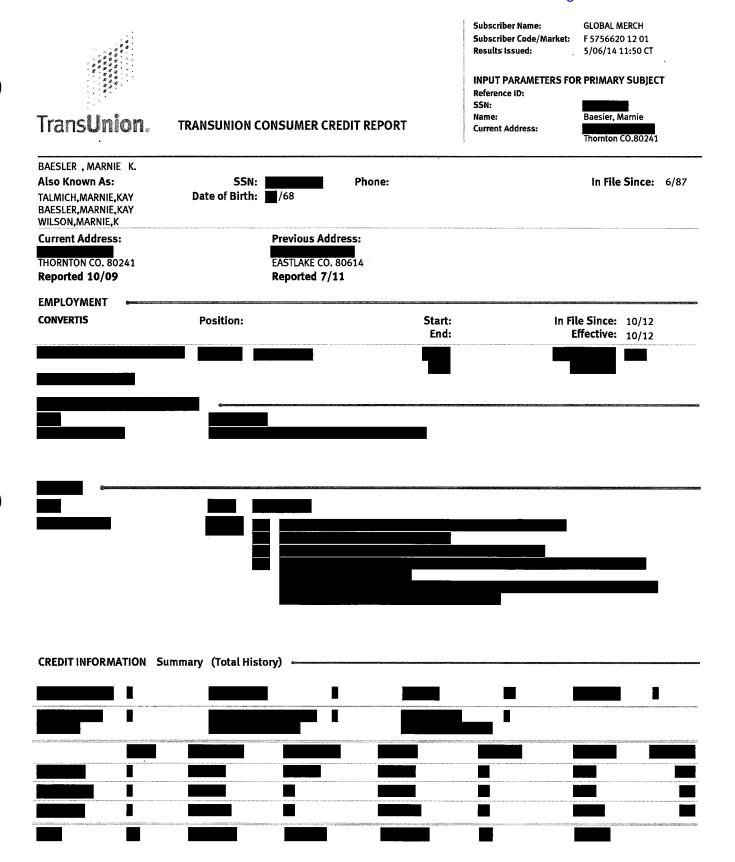
Thunder Avenue, LLC

2001

Thunder Avenue, LLC

2001

Case 2:17-cv-02000-APG-GWF Document 10-2 Filed 07/24/17 Page 38 of 53



PPS Attachment M-6 PPSISL000708



www.brockcpas.com



September 5, 2013

Blair McNea, Member Thunder Avenue, LLC 100 Fillmore Street, 5th Floor Denver, CO 80206

Dear Blair:

Enclosed are your 2012 partnership tax returns, as follows...

2012 U.S. RETURN OF PARTNERSHIP INCOME

2012 COLORADO RETURN OF PARTNERSHIP INCOME

The returns were prepared from the information furnished by you. Please review before filing to ensure there are no omissions or misstatements of material facts.

Your returns have been prepared for electronic filing. You must sign and return the efile authorization forms to our office as explained in the filing instructions. Your copy should be retained for your files for a minimum of three years from the due date or extended due date of the return.

We sincerely appreciate the opportunity to serve you. Please contact us if you have any questions concerning the tax returns.

Very truly yours,

BROCK AND COMPANY, CPAs. P.C.

2012 TAX RETURN FILING INSTRUCTIONS

U.S. RETURN OF PARTNERSHIP INCOME

FOR THE YEAR ENDING

December 31, 2012

Blair McNea, Member Thunder Avenue, LLC 100 Fillmore Street, 5th Floor Denver, CO 80206
Brock and Company, CPAs, P.C. 900 S Main Street, Suite 200 Longmont, CO 80501
A member manager of the LLC
Not applicable
This return has been prepared for electronic filing. To have it transmitted electronically to the IRS, please sign, date, and return Form 8879-PE to our office. We will then submit your electronic return.
Not applicable
Do not mail the paper copy of the return to the IRS. You should provide a paper copy of the Schedules K-1 to the respective partners immediately. If you choose to distribute these schedules electronically, you must distribute them in accordance with the specific requirements contained in IRS Revenue Procedure 2012-17, which generally requires the prior written consent of the partner. Please contact us if you need assistance regarding these requirements.

	•	1065	ı		U.S.	Return of Pa	artnership	Income			OMB No. 1545-0099
	artment	of the Treasury enue Service			year 2012, or tax ye	ar beginning ANTED TO 09	/16/13	nding	·	<u> </u>	2012
\ -	Principa	l business activity	11123		Name of partnersh		/ 10/ 13				Employer identification
		T CARD				-					number
		ESSING			מפורואווזייי	AVENUE, LL	C				26-4328079
		product or service		Print		d room or suite no. If a P.O.					E Date business started
-	CREDIT CARD type 100 FILLMORE STREET, 5TH FLOOR										02/25/2009
_	PROCESSING City or town, state, and ZIP code										
_		s code number		ľ	Oity or town, state	, and zir code					F Total assets
U					DEMICED	•		70 9	20206		22 070
_	2599				DENVER	(a)	(0)		30206		\$ 22,878.
G	Check	applicable boxes:		(1)	Initial return	(2) Final return	• •	change (4)	Address cha	nge ((5) Amended return
	.			(6)	_	nination : also check (1)	· · · —				
Н		accounting meth			_ Cash	(2) X Accrual		(specify)			
1						n who was a partner at a	iny time during the tax	year 🕨	2		
<u>J</u>	Check	if Schedules C ar	id M-3	3.are at	<u> </u>			• • • • • • • • • • • • • • • • • • • •			<u></u>
Ca	ution.	Include tra	ide o	r busir	ness income an	d expenses on lines 1	a through 22 below	See the instruc	tions for more	info	rmation
_		,									
		Gross receipts or							4,111.		
	b	Returns and allow	wance	s					5,915.		
	C	Balance. Subtrac	t line	1b fron	n line 1a			• • • • • • • • • • • • • • • • • • • •		10	658,196.
60	2									2	
ncome	- 3	Gross profit. Sub	tract l	line 2 fr	rom line 1c			52.57 37		3	658,196.
<u>ဒ</u>	. 4	Ordinary income	(loss)) from (other partnership	s, estates, and trusts (at	tach statement)			4	
	5	Net farm profit (i	oss) (a	attach (Schedule F (Form	1040))				5	
	6	Net gain (loss) fr	om Fo	orm 479	97. Part II. line 17	' (attach Form 4797)				6	
	7	Other income (lo	ss) (a	ttach s	tatement)					7	
	8	Total income (lo	ss). (Combin	e lines 3 through	7				8	658,196.
~	9	Salaries and wag	es (ot	ther tha	ın to partners) (le	ss employment credits)				9	6,000.
instructions for limitations)	10	Guaranteed payn	nents	to parti	ners	,				10	
tati	11	Repairs and mair	ntenar	тсе						11	
Ē	12	Dau 46513					6			12	
ģ	13	Rent								13	2,770.
SL	14	Taxes and licens	es				SEE ST	TATEMENT	1 [14	657.
ij	15						•			15	
off.	16 a	Depreciation (if r	equire	ed, atta	ch Form 4562)						
Ë.	b					nd elsewhere on return		6Ь		16c	
ŧ	17	Depletion (Do no	t ded	uct oil	and gas depletio	n.)				17	
Deductions (see th	18	Retirement plans								18	
) SL	19	Employee benefit	t prog	rams						19	
₽						*	4 · · •				
爰	20	Other deductions	(atta	ch state	ement)		SEE ST	PATEMENT	2	20	648,915.
ě									Ι		
	21	Total deductions	. Add	d the ar	mounts shown in	the far right column for	lines 9 through 20			21	658,342.
_	22	Ordinary busine	es inc	ome (l	oss). Subtract lin	e 21 from line 8		• • • • • • • • • • • • • • • • • • • •		22	-146.
		correct, and c	es of p complet	erjury, I te. Decla	declare that I have e gration of preparer (o	e 21 from line 8 xamined this return, includin ther than general partner or li	g accompanying schedule mited liability company m	s and statements, and ember manager) is ba	d to the best of my sed on all informat	know	ledge and belief, it is true, which preparer has any
Sig		knowledge.								•	RS discuss this return
Hei	re		-d		to an an illustrate the little	y company member manage	,	Date		/ith the see ins	preparer shown below
		Signature	or gen	ierai par	ther or limited liabilit	y company member manage		Date			X Yes No
		Print/Type prepa	arer's n	ame		Preparer's signature		Date	Check	if	PTIN
			 -						self-employe	d	
Pai		CRAIG (NEY							P00163210
	parer	Firm's name									
Use	Only					CPAS, P.C.			Firm's EIN	84	-0930288
						STREET, SUI	TE 200				
LONGMONT, CO 80501 Phone no. 303-77							-776-2160				

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form **1065** (2012)

	1065 (2012) THUNDER AVENUE,	LLC		26-4328	3079	Page
Sc	hedule B Other Information					
1	What type of entity is filing this return? Check the ap	•			Ye	8 No
8		mestic limited partnersh				
C		mestic limited liability pa	artnership			
	Foreign partnership f Ot	her ►				
2	At any time during the tax year, was any partner in the		• • •	•		
	partnership), a trust, an S corporation, an estate (oth	er than an estate of a dec	ceased partner), or a nominee	e or similar person?	Х	
3	At the end of the tax year:					
a	Did any foreign or domestic corporation, partnership					
	any foreign government own, directly or indirectly, a					
	constructive ownership, see instructions. If "Yes," att		-		X	<u>. </u>
b	Did any individual or estate own, directly or indirectly			<u> </u>		
	constructive ownership, see instructions. If "Yes," att	ach Schedule B-1, Inforn	nation on Partners Owning 50	% or More of the Partnership		X
4	At the end of the tax year, did the partnership:					
а	Own directly 20% or more, or own, directly or indirect		= :	-	in	
	or domestic corporation? For rules of constructive o	wnership, see instruction				X
	(i) Name of Corporation		(ii) Employer identification	(iii) Country of	(IV) Per	rcentage led in
	<u> </u>		Number (if any)	Incorporation	Voting	y Stock
					<u> </u>	
					<u> </u>	
	, , , <u>, , , , , , , , , , , , , , , , </u>					
					***************************************	•
b	Own directly an interest of 20% or more, or own, directly					
	domestic partnership (including an entity treated as	a partnership) or in the b	eneficial interest of a trust? Fo	or rules of constructive ownership, see	i i i i	-
	instructions. If "Yes," complete (i) through (v) below	/ii\-				X
	(i) Name of Entity	(ii) Employer Identification Number	(iii) Type of Entity	(iv) Country of Organization	Percentage	aximum e Owned in
		(if any)		Oi ganization	Profit, Loss	s, or Capital
					 	
	· · · · · · · · · · · · · · · · · · ·		A		_	
					 	
			/		1 1	. 1
_	Did the contract in the Form 0000 Floring of Dectar				Ye	8 No
5	Did the partnership file Form 8893, Election of Partnership CO21(a)(1)(P)(ii) for partnership lavel to the		·			
	section 6231(a)(1)(B)(ii) for partnership-level tax tre	atment, that is in effect to	or this tax year? See Form 86	93		x
	for more details		<u></u>	••••••		→ ^
6	Does the partnership satisfy all four of the following					
8	The partnership's total receipts for the tax year were		llion			
D	The partnership's total assets at the end of the tax ye Schedules K-1 are filed with the return and furnished			udanajana) for the northership		
G		to the partners on or be	tore the due date (including e	extensions) for the partnership		
	return. The partnership is not filing and is not required to file	Schodulo M 2				x
u	If "Yes," the partnership is not required to complete S					^
	or Item L on Schedule K-1.	icheunies L, IVI- I, and IVI-	-z, item r on page 1 of rottin	1003,		
-		efined in postion 460/k//	2)2			X
7 8	Is this partnership a publicly traded partnership as d During the tax year, did the partnership have any det					+^
0			-			x
9	principal amount of the debt? Has this partnership filed, or is it required to file, Form			wide information on any		+^
ð	* * * * * * * * * * * * * * * * * * * *	•	• •	•		x
10	reportable transaction? At any time during calendar year 2012, did the partners.					+-
10	foreign country (such as a bank account, securities a		-			
	requirements for Form TD F-90-22.1, Report of Forei		•	•		
	country.	yn Dank and Filiancial AC	oouma. Ii 165, emei me nai	ne or are roreign		X
	oounu j.					1 42

Form **1065** (2012)

Forn	1065 (2012) THUNDER AVENUE, LLC 26-432807	7 9 i	Page 3
S	chedule B Other Information (continued)		
11	At any time during the tax year, did the partnership receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," the partnership may have to file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts. See instructions	Yes	No X
128	Is the partnership making, or had it previously made (and not revoked), a section 754 election?		Х
	See instructions for details regarding a section 754 election.	-	
b	Did the partnership make for this tax year an optional basis adjustment under section 743(b) or 734(b)? If "Yes," attach a statement showing		
	the computation and allocation of the basis adjustment. See instructions		X
C			
	under section 743(d)) or substantial basis reduction (as defined under section 734(d))? If "Yes," attach a statement showing the computation and		
	allocation of the basis adjustment. See instructions		X
13	Check this box if, during the current or prior tax year, the partnership distributed any property received in a like-kind exchange or contributed such		
	property to another entity (other than disregarded entities wholly-owned by the partnership throughout the tax year)		
14	At any time during the tax year, did the partnership distribute to any partner a tenancy-in-common or other undivided interest in partnership		
	property?		X
15	If the partnership is required to file Form 8858, Information Return of U.S. Persons With Respect To Foreign Disregarded Entities, enter the		
	number of Forms 8858 attached. See instructions		
16	Does the partnership have any foreign partners? If "Yes," enter the number of Forms 8805, Foreign Partner's Information Statement of		
	Section 1446 Withholding Tax, filed for this partnership.		X
_17	Enter the number of Forms 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships, attached to this return.		
188			X
	o If "Yes," did you or will you file required Form(s) 1099?		<u> </u>
19	Enter the number of Form(s) 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations, attached		
	to this return.		
_20	Enter the number of partners that are foreign governments under section 892.		
	ignation of Tax Matters Partner (see instructions)		
Ente	r below the general partner or member-manager designated as the tax matters partner (TMP) for the tax year of this return:		
	gnated TMP ► THINACTION, LLC number of TMP ► 26-43279	87	
If the entity repre	e TMP is an y, name of TMP BLAIR MCNEA Phone number of TMP Phone		
	ress of 6260 LOOKOUT ROAD		
	gnated TMP BOULDER, CO 80301		

SCHEDULE B-1 (Form 1065)

(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Information on Partners Owning 50% or More of the Partnership

Attach to Form 1065. See instructions.

OMB No. 1545-0099

Name of partnership

Employer identification number

Schedule B-1 (Form 1065) (Rev. 12-2011)

THUNDER AVENUE, LLC			4	2	6-4328079
Part 1 Entities Owning 50% or More of	f the Partnership (For	m 1065, Schedule	e B, Quest	ion 3a)	
Complete columns (i) through (v) below for any foreign of tax-exempt organization, or any foreign government that partnership (see instructions).			-	-	
(i) Name of Entity	(ii) Employer Identification Number (if any)	(iii) Type of Entity		iv) Organizatior	(v) Maximum Percentage Owned in Profit, Loss, or Capital
THINACTION, LLC	26-4327987	LLC	UNITED	STATE	99.00
CONVERTIS, LLC	20-4673205	PARTNERSHIP	UNITED	STATE	99.00
CONVERTIS MARKETING, LLC	27-0292175	PARTNERSHIP	UNITED	STATE	s 99.00
Part II Individuals or Estates Owning 5	0% or More of the P	artnership(Form	1065, Sche	edule B, C	Question 3b)
Complete columns (i) through (iv) below for any individu capital of the partnership (see instructions).	al or estate that owns, dire	ctly or indirectly, an in	terest of 50%	or more in	he profit, loss, or
(i) Name of Individual or Estate	(ii) Identifying Number (if any)	(iii) Country of Citize	enship (see in	structions)	(iv) Maximum Percentage Owned in Profit, Loss, or Capital
	ı				

224551 05-01-12

PPS Attachment M-12 PPSISL000749

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1065.

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651115

Schedule K-1 (Form 1065) 2012	Final K-1 Amend	
For calendar year 2012, or tax		e of Current Year Income, redits, and Other Items
Department of the Treasury year beginning Internal Revenue Service ending	1 Ordinary business income (loss)	
Partner's Share of Income, Deductions,	-145.	
Credits, etc. ► See separate instructions.	2 Net rental real estate income (loss)	
Part I Information About the Partnership	3 Other net rental income (loss)	16 Foreign transactions
A Partnership's employer identification number 26-4328079	4 Guaranteed payments	
B Partnership's name, address, city, state, and ZIP code	5 Interest income	
THUNDER AVENUE, LLC 100 FILLMORE STREET, 5TH FLOOR DENVER, CO 80206	6a Ordinary dividends 6b Qualified dividends	17 Alternative min tax (AMT) items
C IRS Center where partnership filed return E-FILE	7 Royalties	
D Check if this is a publicly traded partnership (PTP)	8 Net short-term capital gain (loss)	18 Tax-exempt income and nondeductible expenses
Part II Information About the Partner	9a Net long-term capital gain (loss)	
E Partner's identifying number 26-4327987	9b Collectibles (28%) gain (loss)	19 Distributions
F Partner's name, address, city, state, and ZIP code	9c Unrecaptured sec 1250 gain	
THINACTION, LLC 6260 LOOKOUT ROAD	10 Net section 1231 gain (loss)	20 Other information
BOULDER, CO 80301 G General partner or LLC X Limited partner or other LLC	11 Other income (loss)	
member-manager member		
H X Domestic partner Foreign partner		
I1 What type of entity is this partner? PARTNERSHIP	12 Section 179 deduction	
I2 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here J Partner's share of profit, loss, and capital:	13 Other deductions	
Beginning Ending	l	
Profit 99.000000% 99.000000%		
Loss 99.000000% 99.000000%		
Capital 99.000000% 99.000000%	14 Self-employment earnings (loss)	
K Partner's share of liabilities at year end:	A 0.	
Nonrecourse \$ Qualified nonrecourse financing \$	*Coo attached atata	and information
Recourse \$ 0.	*See attached statement for addition	nai information.
φ		
L Partner's capital account analysis:	1	
Beginning capital account\$\$	Only	
Capital contributed during the year\$	Ŏ	
Current year increase (decrease) \$ -145.	S. C.	
Withdrawals & distributions \$() Ending capital account \$ 22,214.	For IRS Use	
	ğ	
Tax basis		
M Did the partner contribute property with a built-in gain or loss? Yes K Van attach attachment (ass instructions)		
If "Yes", attach statement (see instructions)	i e	

Schedule K-1 (Form 1065) 2012	Final K-1 Amended K-1 OMB No. 1545-00
For calendar year 2012, or tax	Part III Partner's Share of Current Year Income Deductions, Credits, and Other Items
Department of the Treasury year beginning Internal Revenue Service ending	1 Ordinary business income (loss) 15 Credits
Partner's Share of Income, Deductions,	-1.
Credits, etc. ► See separate instructions.	2 Net rental real estate income (loss)
Part I Information About the Partnership	3 Other net rental income (loss)
A Partnership's employer identification number	4 Guaranteed payments
26-4328079	and an
B Partnership's name, address, city, state, and ZIP code	5 Interest income
THUNDER AVENUE, LLC	6a Ordinary dividends
100 FILLMORE STREET, 5TH FLOOR	17 Alternative min tax (AMT) items
DENVER, CO 80206	6b Qualified dividends
C IRS Center where partnership filed return E-FILE	70.0
E-FIDE	7 Royalties
D Check if this is a publicly traded partnership (PTP)	8 Net short-term capital gain (loss) nondeductible expenses
Part II Information About the Partner	9a Net Long-term capital gain (loss)
E Partner's identifying number	9b Collectibles (28%) gain (loss) 19 Distributions
F. Portror's same address situates and 7ID ands	0.11/
F Partner's name, address, city, state, and ZIP code	9c Unrecaptured sec 1250 gain 20 Other information
MARNIE BAESLER	10 Net section 1231 gain (loss)
EASTLAKE, CO 80614	11 Other income (loss)
G General partner or LLC X Limited partner or other LLC	
member-manager member H X Domestic partner Foreign partner	
I1 What type of entity is this partner? INDIVIDUAL	12 Section 179 deduction
12 If this partner is a retirement plan (IRA/SEP/Keogh/etc.), check here	- Social IV addadasi
J Partner's share of profit, loss, and capital:	13 Other deductions
Beginning Ending	
Profit 1.0000000% 1.0000000%	
Loss 1.0000000% 1.0000000% Capital 1.0000000% 1.0000000%	14 Self-employment earnings (loss)
	A 0.
Nonrecourse \$	
Qualified nonrecourse financing \$	*See attached statement for additional information.
Recourse \$	
L Partner's capital account analysis: Beginning capital account	
Capital contributed during the year \$	(luo
Current year increase (decrease) \$ -1.	esí
Withdrawals & distributions \$(132
Ending capital account \$ -1,032.	For IRS Use Only
Tax basis X GAAP Section 704(b) book Other (explain)	
M Did the partner contribute property with a built-in gain or loss?	
Yes X No	
If "Yes", attach statement (see instructions)	

PX11

PPS Attachment N

Thunder Avenue Account Documents

	MERCHANT	APPLICATION	ng vales in the				
	Merchant #						
Elobal Merchant Artylsors			Ste 650E 624 • Fax v.gmapay	• Los / :: 310.60 .com	02.6282	A 90064	
		SPB*Smil					
	legal Name and Tax I Jentification Number (D.Number must be ent E(N) letter to avoid fee				collection (C	Guiffosotis
Legal Name (se it appears on your income tax return): Thunder Avenue, LLC		Name of Account www.smileprob	(Coing Busi Fands.co	ness As): M			
Legal Address: 100 Filimore Avenue, 5th Floor		Physical Street A 100 Fillmore Av	ddress (No /enue, 5t	PO. Box):		
City: State: Denver CO	Zio: 80203	City: Denver			State	co	Zip: 80203
Phone #: Contact: (720)895-1414 Marnie Baesler		DBA Phone #; (866) 441-52	234	F	303) 530	-0771	
Must Choose One Mailing Address: E-Mail Address:	probrands.com	Website Address:			1	+4.F F	
Federal Tax# # of Locations Yea.	rs in Business	Years Owned Bu		5			
2 6 4 3 2 8 0 7 9 1 Place of Legal Formation: Colorado		Country of Prima	ry Busines		itlons:		
Bank Reference: TCF	- 170	Contact:			#: `}823-226!	 5	···········
LOwners or Officers - Individual Ownership	Must be Equal to	or Greater than 5	50%	'			
Name:	Title: mager	Date of Birth: 68			int's SS#:	% Equit	y Ownership: 80
	City: Thornton			State: CO	Zip: 8024	1	# Years: 5
LIS Coverement Issued ID#: Type of ID:	Explication Date: 2015	Country of Citiz	zenship (ii	not US):	Home F	hone.	
Name: 2.	Title:	Date of Birth:		Applica	int's SS #;	% Equit	y Ownership:
Residence Address:	City:			State:	Zip:	_	#Years:
US Government Issued ID#: Type of ID:	Explration Date:	Country of Citiz	zenship (1	not US):	Home F	hone:	
▶Business Profile		acita an mesansin	> Sales	Profil	(e : : : : : : :		
Type of Ownership: O Sole Proprietor O Assoc/Estates/True		☐ Government	Merchan	Type:	Discover/.Vise	/MasterCa	rd Sales Profile
☐ Corporation (Privately Traded) ☐ Corporation (Publicly Traded) ☐ Corporation (Publicly Traded) ☐ Partnership ☐ Tax Exempt Org ☐ Single Mamber LLC	•		O Retail		Be Accurate:		
Ci Limited Partnership Ci Political Org Ci Other			C) Restat		Card Swipe Manual Key E	atry with 1-	%
Type of Goods or Services Sold: at home teeth whitening	SIC Code: 590		□ Service	- 1	Card Present	any wan at	ipnni. %
Do you currently accept Discover&WeatMastercard? 2 Yes C No	Name of Current Proc		Ø Interne		Mail Order/Tel	inphone	- 70 - 1/6
til yes, you who is submit 3 current months' statements.)	Yes Dale:		O Home	Based	Internet		100 %
banknipley or been suject to involuntary bankruptcy?	No Dele:		O Other	1	Total =		100 %
Namo: Address: Sunshine Health Oakland Park, FL		Contact: Relph Morton	1	Pho (95:	ine #: 4) 493-5	469	
Name: Address:		Contact: Shane Lynch			ne#:		
► Merchant Site Survey Report – To Be Co	mpleted by Sales	. •		(32	The state of the s	. 55	
Merchant Location: D Retail Location with Store Front 2	Office Building O In	tomet 🗆 Residence	Other			4.5.	
Does the amount of inventory and merchandise on s	Residential Squa helves and floor a	ppear consistent w	vith this typ	oe of but	on-2,000 U	2,001+ Yes Q h	No
If No, explain: The Merchant: Ø Owns 🗅 Leases the Bu		Landlord Na		····			
Further Comments by inspector (Must Complete)	эн гээ Гтані\$68	California Ma	1110 Ct 17110	ng Hi	N/A	······································	
I hereby verify that this application has been fully comp	pleted by merchan	applicant and that	I have phy	sically in	specied the	business	premises of
the merchant at this address and the information sta Verified and inspected by: Office		and correct to the c presentitive			ige and belic Intelive Sign		Date:
x			XP	14			7.11.214
				1.3			

PPS Attachment N-1 PPSISL000761

reheat Chooses to accept th		chigh Risk Retail.	Rairs	Mail / Phone / Ir		ntone Rates	
				Marchant Chooses to secopt its		.25 %.	
CIV8A4G (Other Cards) Discoun AC Discount Rule for Debit Card				DISC/VS/NIC (Other Cords) Discount VS/NIC Discount Rate for Debti Costs		25 %	
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array reacess reac S Statistics			Per Rem	TIN Mismatch Fee:		\$50.00	PH Monus Until Validated
remment Compileres Fee:		\$8.95	Per Month	DanateV/sellow Fee;		34.96	Per Month
Manualth Fee:		550.00	Until Validated	Early Tonnination Fee;	佢	*\$455,00	Ditto Time 4 4
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Global Merchant Advisors is a registered ISO/MSP of BMO Herris Bank, N.A., Chicago, IL.

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▶ American Express				
Estimated Annual American Express Char	-			
[] American Expresss ESA	Editing ESASE		Merchant CAP	
	Discount Rate		Per Treasaction Fee \$	<u>. </u>
OR	PrePaid Discount Rate		ProPaid Per Transaction Fee \$_	· · · · · · · · · · · · · · · · · · ·
	[] \$7.55/month option for metals regardless of votame (ESA pr	ants under 45,000 – an ögram only)	andatory for internet-Physical Delive	ry, MO/TO and Home-Based
[] New American Express OnePoint	Discount Rate	%	Per Transaction Fee S	
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All foot are applicable to DoePoint and ESS Card Not Present (CNP) Foo; Inhouse Fee:	l uniess tilmreise stated. 0.30% Doungade 0.40% Doungade for all Cross-80	rdor Trans actions		
reent ("Agreement"), and that ell informatic ANP's opents and Attitions to varily the lin- torn time to time, and disclose such frient ANP's opents and Afficials to Inform me d Induce the came and editest of the open to rest and experient the English langua	in provided herein is true, conspicte in matter than the upplication and reconsider to the first agent, subconfiguration, including to bid in a safety above, all they furthishing the report. I gisse subcongree, it gisses subcongree, it git gisses subcongree, it gisses subcongree, it gisses subcongree, it git gisses subcongree, it	end accurate. I certical sive and exchange infor Affalsies and einer po- seut the contents of nep rize AXP to use the rep ess Privacy Statement;	to Cynerty Data, LLC. and American methor about me gousonably, trebutin ribes for any purpose pormitted by lar acts about me that they have request ports on me from consumer reporting of http://www.empsicanopycas.com/	o bound by the American Express® Card Acceptance Agree- Express Travel Related Services Company, Int. ("AXP), and § by requesting support tion consumer reporting agencies & Fauthrities and direct Cynergy Date, LtC. and AXP and a fauthrities and consumer reporting agencies. Such information will agencies for marketing and administrative purposes; I am able drawey to learn more about hew American Express protects sweets or contenting American Express on 1-800-528-5200.
(understand that upon AXP's approval of for AXP (OnePoint) or to AXP's standard (the application, the entity will be pro- lard ecceptance program (ESA) whi	Aded with the Agreeme On this different survicin	sit and majorials welcoming il either ng lernis (e.g. diferen) speeds of paj	DAXP's program for Cynergy Dale, LLC, in perform services
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I understand that if the early does not que the Agreement. By accepting the America	lify for the Cynergy Date, LLC, sore a Express Cold for the purchase of g	icing progress that the c roods and/or sorvices, o	mity may be easied in AVP's stand or otherwise indicating fashion to the control of the control or the control of the control	and Card acceptance program, and lito stally may terminate se bound, the entity agrees to be bound by the Agreement.
Merchani Signature			Dates_	
▶ Debit/Credit Autnoriz	tation - Include a voide	ed check or ban	k letter verifying bank ac	count information.
such functions under the Merchant in said scount concerning lease, re supplies and materials. This automative of the Concern Dala written notice of	Processing Agreement, for the p mid or purchase agreements fo Ned clearing House authorization	purposes set forth in or POS terminals an	n the Merchant Processing Agre	high Processor or Bank are authorized to portorm mannt. This authorization extends to such entries and/or otheck guarantes fees and amounts due for under this agreement are eathsted, and Merchent
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investigate the references provided or entity with financial responsibilities un	r any offier statements of deta of der this egroument. You have a	bained from MERCH right, apon written re	IANT, from eny of the undersigne quest, to a complete and accurate	MERCHANT authorizes BANK or any of its agents to d individual guarantex(s) or from any other person or disclosure of the nature and scope of the investigation s, complete and not misleading to any way.
AVERAGE TICKET SIZE: \$38.99			AVERAGE MONTHLY VOLUME	\$50,000.00
Each person certifies that the average amounts could result in delayed and termination of MERCHANT.	o ticket size and sales volume in or withheld settlement of funds. A	dicated is accurate a viso, see paragraphs	nd agrees that any transaction or 5.4 and 16.3 of the MERCHANT	monthly volume that exceeds either of the above Processing Agreement regarding suspension and
any changa in printed lerms unless s provisions stated within this marchan	pecifically agreed to in willing by I application, on the reverse side	en afficer of Process (the Merchant Agree	sor endfor BMO Harris Benk N.A. rment) end ocknowledge receint (gned Merchent. Processor shall not be responsible for Chicago, II By signing below, you are agreeing to the of the merchant operating guide. Those provisions must prooff and the merchant operating guide.
> Individual Guaranty -	- No Titles		▶ For All Businesse	es – Business Resolution
As a prisony inducement to Processor and B	ank to enter into this Agreement. the r	indersigned	The indicated officer(s) trientifie	d in numbers 1 and/or 2 below have the authorization
Guzzanion(s), by signing this Ages crosses, join guzzanion the conducting full and faillnist post			to execute the MERCHANT Pro	icessing Agreement on behalf of the here within named
and obligations to Processor and Bank under	this Agreement or any other egreem	ent currently in effect	BUSINESS, MERCHANT UNI	DERSTANDS THAT THIS AGREEMENT
or in the future entered lose between Mercha ments now exist or are amended from time to	ricor is principals and Processor or B o Erico, with or without no Eco. Guarant	onk, es such agree- pris) undersiands		CT Until Merchant has been und a merchant number is issued.
luttirer that Processor or Bank may proceed	Greely against Guarantor(s) without f	ist exhausting their	Thunder Avenue, LLC	
remedies against any other parsen or emity a or Menchant. This guarantee will not be discit			Print Legal Name of Merchant	Business
bin confishmenter, representatives and	sesigns and may be enforced by or k	if the beneal of any	x ld dr . K	7/2/14
successor of Processor and Benk. Guaranion to enter into this agreement is consideration; and effect from if the Guaranion(s),receive no	for the guaranty, and that this guarant	y comains in full force	#1 Prom Application - Stynatur	te Date
AGREED AND ACCEPTED:			\$2 From Application - Signatur	po Date
× About 1		<i>7/2/</i> 14	X	
#1 from Application — Signature			^	
x	Dat	8	Accepted by Processor	Oale
X #2 Fram Application — Signature	Dat			

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Mali, Telephone Order, & Internet Merchant Addendum

IMPORTANT NOTICE: Visa and MasterCard have set a minimum standard requirement for accepting credit cards on the Internet. In order to avoid a significant delay in the settlement of your funds, please ensure that your website has the following seven (7) items completed prior to the commencement of your credit card processing:

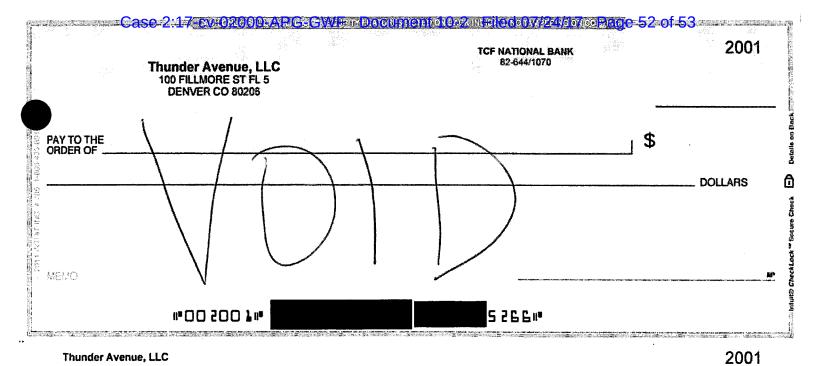
- 1. Refund / Cancellation Policy
- 2. Privacy Policy
- 3. Terms & Conditions listed
- 4. Products & the Corresponding Pricing listed 5. 128-bit SSL page(s) where personal and credit card information is obtained (usually provided by shopping cart or gateway)
- 6. Telephone Customer Service contact number
- 7. Shipping & Handling method and shipping delivery time after the sale

URGENTIIII You must contact your sales representative immediately upon completing the above 7 Internet processing requirements!

URGENTUR 100 must compet your dates represented	
Underwriting & Marketing Review: (Please answer the following questions as accurately submit sample(s) of product brochuse, promotional materials, product catalogue, s	ACCUPATION AND DISCOURSE AND D
If advertising on Internet, list website address: WWW. Smile probre	inds. com
T [H [S [M]]] [E [条] [N] [2 3 4
List name(s) and address(es) of vendor from which the product is purchased; Sunshine Health, Oakland Park, FL and Oratech, SLC, UT	distribution with the
List name(s) and address(es) of third party or fulfillment organizations, or parties sales, marketing, processing of orders, or shipping of marchandise: RevGo Fulfillment, 7565 Commercial Way, Unit E, Henderson, NV 89011	
the province of sarvice will be marketed and so	d: US, CAN, UK
The state of the s	hin 30 days of shipment
the state of the s	
How does the customer drost the product of service. When you receive an authorization, how long before merchandise is shipped or service.	ervices are provided? 1-3 days
When you receive an aumonization, from fully delote motations as a supplied to the supplied to	The Organic Riannial Annial
Do you perform recurring monthly billing? X Yes No If Yes, X Mo If Yes Your database collecting entire credit card numbers? Yes X No If Yes	es, are you PCI compliant?YesNo
This amendment is made by & between BMO Harris Bank, N.A., Chicago, it. ('Bank'), WHEREAS: Bank is engaged in the general banking business including the purchase of related to the processing of Credit Card Transactions to MERCHANT; and	
WHEREAS: MERCHANT desires to honor at this business location(s) Cord Numbers present	eg (u counscious mich the wall chapti elebuous chast see of thousand
services to customers; and WHEREAS: RANK and MERCHANT has entered into BMO Hards Bank NA., Chicago, IL (Ban) In consideration of the representations, covenants, and promises made herein,	• • • • • • • • • • • • • • • • • • • •
MERCHANT agrees to use and retain proof of a traceable delivery system as means of shi	oment of product to customer.
2. MERCHANT agrees to a charge of \$0.05 per AVS transaction(s) when applicable. 4. Agreement may be immediately terminated by BANK II MERCHANT fails to comply to	vilh any of the lems of this agreement.
•	7/2/14
AGREED & ACCES TED ON	
OWNER/OFFICER, Author	zed BMO Harris Bank, N.A. Agent
Marnie Baesler	
Print Name Print N	ame
1 1848 1444 14	B B. ASINGLED

Global Merchant Advisors is a registered ISOMISP of BMO Harris Bank, N.A., Chicago, IL

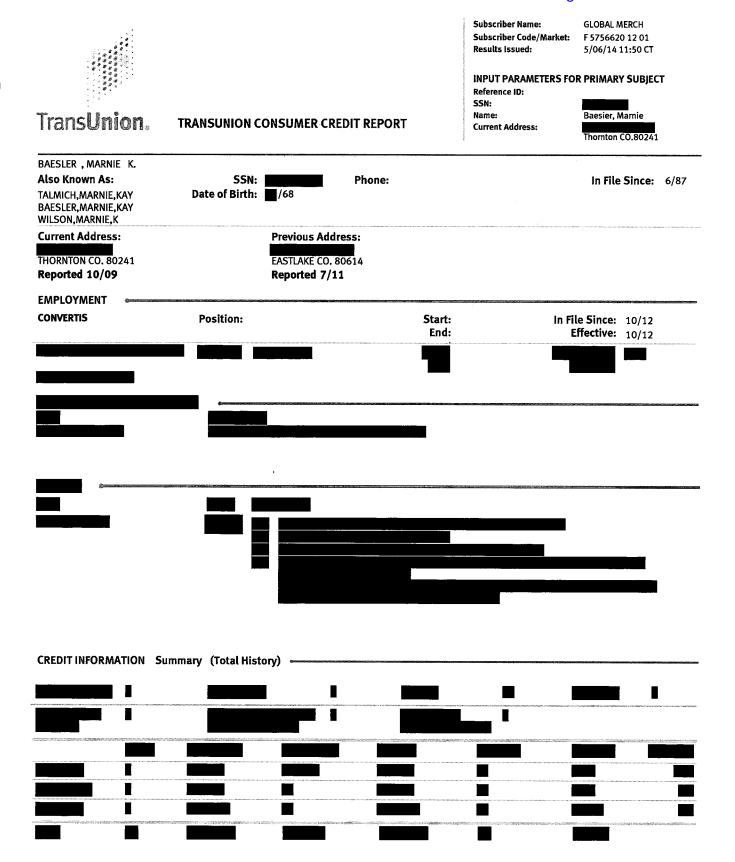
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Thunder Avenue, LLC 2001

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